

NYS DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION  
BOARD OF PAROLE

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Parole Board Hearing

In the Matter

-of-

SAMUEL SANCHEZ

DIN # 91-A-5961  
NYSID # 04935660-N

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TYPE OF INTERVIEW: Special consideration

HELD AT: Fishkill Correctional Facility  
Fishkill, New York

HELD ON: April 12, 2016

BEFORE: COMMISSIONER LUDLOW  
COMMISSIONER COPPOLA  
COMMISSIONER HALLERDIN

ALSO PRESENT: MARK HEADY, SORC  
JACQUELINE ARROYO, APA

VERBATIM REPORTER: DIANA FREUND

SAMUEL SANCHEZ - 91-A-5961/04935660-N

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1 BY COMMISSIONER LUDLOW:

2 Q. Good morning, sir.

3 A. Good morning.

4 Q. Sir, you are Samuel Sanchez?

5 A. Yes.

6 Q. Mr. Sanchez, I am Commissioner Ludlow. With me,  
7 Commissioner Coppola and Commissioner Hallerdin.

8 COMMISSIONER HALLERDIN: Hello, sir.

9 COMMISSIONER COPPOLA: Hello, sir.

10 Q. Mr. Sanchez, this is your sixth appearance before the  
11 Board of Parole, sir.

12 You're appearing today as a special consideration.  
13 Pursuant to consideration of the full Board of Parole at  
14 a monthly meeting, it was directed that you appear today  
15 for a parole interview based on your medical condition.

16 Is that your understanding?

17 A. (Nodded head.)

18 Q. Yes or no?

19 A. Yes.

20 Q. You're 53; you're about to turn 54 --

21 A. Yes.

22 Q. -- in a few weeks, correct, sir?

23 A. Yes.

24 Q. You pled to multiple Robbery 1sts, you also pled to  
25 Rape 1st.

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1 A. Yes.

2 Q. You pled to Sodomy 1st, Criminal Possession of a  
3 Weapon 3rd. You have a controlling sentence of 18 to 36  
4 and you've been in how long, sir, to date?

5 A. 26 and 2 months.

6 Q. 26 years, 2 months. A long period of time. We  
7 certainly recognize that. We're sensitive to that fact.

8 This is your second state bid, correct, sir?

9 A. Yes.

10 Q. Your prior bid was in 1984, Attempted Burglary 2nd,  
11 is that correct, sir?

12 A. Yes.

13 Q. That first bid was out of Manhattan, correct, sir?

14 A. Yes.

15 Q. You were on parole at the time from your first bid --

16 A. Yes.

17 Q. -- when you committed the instant offenses, correct,  
18 sir?

19 A. (Nodded head.)

20 Q. In fact, you had reportedly absconded from parole, is  
21 that correct?

22 A. (Nodded head.)

23 Q. Yes or no?

24 A. Yes.

25 Q. All right. Now, we do have the sentencing minutes on

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1 file, State Supreme Court Queens County, November 7,  
2 1990, before Judge Cooperman.

3 A. Yes.

4 Q. You at the time were represented by Miss Shriver,  
5 S-H-R-I-V-E-R.

6 As to other convictions, we have an affidavit on file  
7 from Frank Rizzo, Principal Court Reporter, Manhattan,  
8 indicating that a diligent effort was made to locate the  
9 stenographic notes. Unfortunately, we have been  
10 unsuccessful in finding these notes and I am unable to  
11 provide the requested minutes. That is a statement and  
12 a quote from Frank Rizzo dated November 14, 2007.

13 Anything stated when you were sentenced, if you recall?

14 I know it was years ago; however, if you recall,  
15 anything stated when you were sentenced that we should  
16 be aware of today?

17 A. No.

18 Q. Okay. All right. We have the COMPAS Risk Assessment  
19 on file. The COMPAS is a risk and needs tool that we  
20 draw upon in an advisory way to assist us in complying  
21 with Executive Law 259(c)(4) which requires the Board of  
22 Parole to conduct a Risk and Needs Assessment as a  
23 measure of your rehabilitation for reentry into the  
24 community. In your case, the computer assessment has  
25 you at a low risk across the board for felony violence,

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1 arrest, or absconding, taking off from parole. If on  
2 parole, would you anticipate presenting as a low risk to  
3 the public's safety, or something else? What are your  
4 thoughts?

5 A. I will be in the bed.

6 Q. You'd be in bed?

7 A. Yeah. I can't...

8 Q. You're appearing today in a wheelchair. Does that  
9 suggest that you can't ambulate? You cannot walk at  
10 all, is that the case?

11 A. From 2009. I had a stroke and then I caught another  
12 severe stroke.

13 Q. You've had two strokes, sir?

14 A. One hard and then the other one low and it got me  
15 like that, my legs, everything.

16 Q. I see. So you are totally unable to walk on your own  
17 power, is that correct?

18 A. (Nodded head.)

19 Q. We also note that you're appearing with the  
20 assistance of nasal cannula, oxygen, is that correct?

21 A. Yes.

22 Q. Is that something you require 24 hours a day?

23 A. Yes.

24 Q. I see.

25 We also have the case plan on file. The case plan is



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1 a statement of goals, tasks and activities. Among the  
2 goals identified in the case plan, maintain current  
3 level of health. You would like to try to walk again if  
4 possible?

5 A. Yeah.

6 Q. You are eager to be released. Are you a threat to  
7 the public's safety today, sir?

8 A. No.

9 Q. Years ago you were. You were a terror. Multiple  
10 Robbery 1s, Rape 1st, Sodomy 1st, a weapon offense --

11 A. I was young, not thinking. If I could change my life  
12 and erase everything -- but it's already there.

13 Q. You have a cousin --

14 A. And I'm sorry.

15 Q. You have a cousin Hector in Amsterdam, New York.  
16 Hector is willing to provide a residence for you, is  
17 that the case?

18 A. Yes.

19 Q. Is Hector aware of your physical and medical needs?

20 A. Yes.

21 Q. How are you to get in and out of the wheelchair? Is  
22 there a Hoyer lift?

23 A. The bed low.

24 Q. Low bed?

25 A. Yeah. Take this off (indicating) and shoot myself.

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1 Stay there.

2 Q. You would roll.

3 A. Yeah.

4 Q. You'd roll from the chair to the bed?

5 A. (Nodded head.)

6 Q. How about getting out of bed into the chair, do you  
7 need a Hoyer lift?

8 A. No. Pull the chair close and they pull me in.

9 Q. What do you do for toileting?

10 A. Toileting, pull close to the toilet this side  
11 (indicating) and go in.

12 Q. I see. You have years of experience of meeting your  
13 essential needs that way, correct?

14 A. Yeah.

15 Q. So you know what to do.

16 A. 2009.

17 Q. We understand.

18 What's Hector's line of work? What's he do?

19 A. He's retired.

20 Q. What was his line of work?

21 A. He was in construction.

22 Q. I see.

23 Does Hector have a criminal record that you're aware  
24 of?

25 A. No. He's Christian.

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1 Q. He's Christian?

2 A. Yeah.

3 Q. Very well.

4 The Office of Mental Health has you at a Level 6.

5 That suggests that you're not in need of mental health  
6 services currently is that accurate?

7 A. Yes.

8 Q. Any tickets, sir?

9 A. No.

10 Q. No discipline?

11 A. No.

12 Q. Your last ticket was July -- excuse me, correct  
13 that -- January 2015.

14 A. Yes.

15 Q. A Tier II at Walsh Medical.

16 A. Yes.

17 Q. You had a Tier III back in 1998, Sullivan, threats.  
18 Prior to that, Tier III, 1993, Wende, unauthorized call,  
19 and we note a few Tier IIs in the mix. That appears to  
20 be your total disciplinary history, is that correct?

21 A. Yes.

22 Q. You have reportedly completed all recommended  
23 programs including vocational, ASAT, ART, sex offender  
24 program, transitional services, is that correct?

25 A. Yes, sir.



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1 Q. Are you living by the teachings of the ASAT, ART, and  
2 sex offender programs today?

3 A. Yes.

4 Q. Are you committed to the teachings of those programs  
5 in your future life?

6 A. Yes.

7 Q. We do have a medical report on file. This is a  
8 report of the chief medical officer of the Department,  
9 Dr. Koenigsman, March 9, 2016. I'm quoting from the  
10 report: "53-year-old male housed at Fishkill RMU.  
11 Diagnosis of cerebral vascular accident with right  
12 hemiplegia, H-E-M-I-P-L-E-G-I-A, and history of atrial  
13 fibrillation, PPM, hypertension, neurogenic bladder,  
14 hearing impaired, obesity, sleep apnea, and asthma. He  
15 uses a wheelchair to ambulate. Requires assistance with  
16 his assisted daily living needs. He is not terminal.  
17 He is oxygen dependent. If medical parole is granted,  
18 he will need residential placement." Recommended for  
19 parole, the doctor has checked "Yes." The doctor  
20 recommends medical parole. This is as of March 9, 2016.

21 Is this report accurate and current as of today,  
22 Mr. Sanchez?

23 A. Yes, sir.

24 Q. The report indicates that over the next 4 months your  
25 condition could deteriorate, you're aware of that?

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1 A. (Nodded head.)

2 Q. Are you aware of that, sir?

3 A. Yes, sir.

4 Q. The report also states that you were able to  
5 understand and participate in this report and a possible  
6 discharge plan, correct, sir?

7 A. Yes, sir.

8 Q. Okay.

9 COMMISSIONER LUDLOW: Commissioner Coppola?

10 BY COMMISSIONER COPPOLA:

11 Q. Sir, how old were you when you committed these  
12 crimes? You said you were young. How old were you?

13 A. 26.

14 Q. That's not young. That's not young. That's  
15 relatively young, it's a young man, but young when you  
16 don't understand what you're doing and the harm that  
17 you're causing is 14, 15. 26 years old, you knew  
18 better, right?

19 A. I was into drugs, the fast life.

20 Q. So it never bothered you to hurt people the way you  
21 did, the sexual assaults, everything you did?

22 A. It bothers me now.

23 Q. Back then it didn't bother you?

24 A. No.

25 Q. You didn't see them as human beings, right?

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1 A. Right, sir.

2 Q. I asked you a question honestly --

3 A. I feel so bad.

4 Q. It's too bad you didn't feel bad then. You wouldn't  
5 have done it. These people still have to live with the  
6 horror that you created.

7 I'll ask you a question honestly. You're in a very  
8 bad medical position right now, right?

9 A. (Nodded head.)

10 Q. Part of why you're here today is compassionate  
11 release which talks about us in a sense being  
12 compassionate for you as a human being, to say let's  
13 consider releasing him because of his medical condition.  
14 So that's having sympathy for you, right?

15 A. Yes.

16 Q. Do you think we should have sympathy for you because  
17 of your current state even though you didn't have  
18 sympathy for the people that you harmed?

19 A. (No response.)

20 Q. I don't mean to say that to put you down. I'm just  
21 asking, in your mindset today, would you have sympathy  
22 for yourself if one of these victims was your sister or  
23 your mother or your daughter?

24 A. If I could change my life, at that time, I would  
25 never, never do that and I tell you from my heart.

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1 My mother passed away last 2007 and I was on the  
2 phone and I never want nobody to have that, how it  
3 happened to me. She died on the phone talking to me.

4 Q. Really?

5 A. And then I cannot go because she was in Puerto Rico  
6 and I'm here.

7 Q. But you earned your place here, right?

8 A. I played with fire, I got burned with fire.

9 Q. Thank you.

10 COMMISSIONER COPPOLA: No more questions.

11 COMMISSIONER LUDLOW: Commissioner Hallerdin?

12 COMMISSIONER HALLERDIN: I have no further questions.

13 Thank you.

14 BY COMMISSIONER LUDLOW:

15 Q. Mr. Sanchez, what else should we know, sir? Anything  
16 additional that's important to you before we close the  
17 interview?

18 A. I feel sorry for everybody that I hurt and being in  
19 here too and I cannot erase nothing and I'm paying the  
20 consequences real bad.

21 Q. You've committed serious crimes, we've established  
22 that. The record clearly reflects that.

23 Have you ever killed anyone, sir?

24 A. No.

25 Q. Have you ever fought with police officers?



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1 A. No.

2 Q. Ever injured a police officer to any degree, sir?

3 A. No.

4 Q. We will advise in writing. You're still a young man  
5 at 53, about to turn 54. We wish you good luck with  
6 your health-related problems. We will --

7 A. (Inaudible.)

8 Q. I didn't hear you, sir.

9 A. If I don't die soon.

10 Q. Good luck to you, Mr. Sanchez. We will advise in  
11 writing. Good luck to you, sir.

12 (After due deliberation by the Parole Board Panel,  
13 the following decision has been rendered:)

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D E C I S I O N

Open date, 5/31/16.

Special conditions.

I will submit to substance abuse testing as directed by the P.O.

I will participate in a substance abuse treatment program as directed by the P.O.

I will NOT consume alcoholic beverages.

I will abide by a curfew established by the P.O.

I will participate in sex offender counseling/treatment as directed by the P.O.

I will comply with all case specific sex offender conditions to be imposed by the P.O.

I will cooperate with all medical referrals and treatment recommendations.

I will abide by the mandatory condition imposed by the Sexual Assault Reform Act, Chapter 1 of the Laws of 2000.

I will NOT use or possess any medication or supplements designed or intended for the purpose of enhancing sexual performance or treating erectile dysfunction without the written permission of the Parole Officer and the approval of his or her area supervisor.

I will participate in the Department of Corrections and Community Supervision's Polygraph Program, as

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1 directed by the Parole Officer. I understand that this  
2 will include periodic polygraph sessions consisting of a  
3 pre-examination interview, polygraph examination and  
4 post-test interview with the polygraph examiner or the  
5 parole officer.

6 I will NOT use the internet to access pornographic  
7 material, access a commercial social networking website,  
8 communicate with other individuals or groups for the  
9 purpose of promoting sexual relations with persons under  
10 the age of eighteen, and communicate with a person under  
11 the age of eighteen unless I receive written permission  
12 from the NYS Board of Parole to use the internet to  
13 communicate with a minor child under eighteen years of  
14 age, who I am the parent of and who I am not otherwise  
15 prohibited from communicating with.

16 I shall NOT be released until the NYS Board of Parole  
17 and NYS Department of Corrections and Community  
18 Supervision are informed of the Sex Offender Risk Level  
19 that has been or will be established by a court of  
20 competent jurisdiction pursuant to Correction Law 168-N.

21 I will NOT own, use, possess, purchase or have  
22 control of any computer, computer-related material,  
23 electronic storage devices, and/or the internet, unless  
24 I obtain prior written permission from the parole  
25 officer. Furthermore, if approved:

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1 If I am permitted by the parole officer to possess a  
2 computer at my residence, permission will be granted for  
3 only one computer.

4 I will provide all personal, business, phone,  
5 internet service provider, and/or cable records to the  
6 parole officer upon request.

7 I will provide copies of financial documents to the  
8 parole officer upon request. These documents may  
9 include, but are not limited to, all credit card bills,  
10 bank statements, and income tax returns.

11 I will provide all user id's and passwords required  
12 to access the computer, my C.M.O.S. and BIOS, internet  
13 service provider, any/all email accounts, instant  
14 messaging accounts, any removable electronic media,  
15 including, but not limited to, media such as smart  
16 cards, cell phones, thumb drives and web virtual  
17 storage.

18 I will provide the parole officer with my password  
19 and user id for any approved device. I acknowledge that  
20 individuals who have access to my computer system and/or  
21 other communication or electronic storage devices will  
22 also be subject to monitoring and/or search and seizure.

23 I agree to be fully responsible for all material,  
24 data, images and information found on my computer and/or  
25 other communication or electronic storage devices at all



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1 times.

2 I will NOT create or assist directly, or indirectly,  
3 in the creation of any electronic bulletin board system,  
4 services that provide access to the internet, or any  
5 public or private computer network without prior written  
6 approval from the parole officer.

7 I will NOT use any form of encryption, cryptography,  
8 steganography, compression and/or other method that  
9 might limit access to, or change the appearance of data  
10 and/or images without prior written approval from the  
11 parole officer.

12 I will NOT attempt to circumvent, alter, inhibit, or  
13 prevent the functioning of any monitoring or limiting  
14 equipment, device or software that has been installed by  
15 or at the behest of, or is being utilized by, the  
16 Department of Corrections and Community Supervision for  
17 the purposes of recording, monitoring or limiting my  
18 computer or internet use and access, nor will I tamper  
19 with such equipment, device or software in any way.

20 I will cooperate with unannounced examinations  
21 directed by the parole officer of any and all  
22 computer(s) and/or other electronic device(s) to which I  
23 have access. This includes access to all data and/or  
24 images stored on hard disk drives, floppy diskettes, cd  
25 roms, optical disks, magnetic tape, cell phones, and/or

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1 any other storage media whether installed within a  
2 device or removable.

3 I will install or allow to be installed, at my own  
4 expense, equipment and/or software to monitor or limit  
5 computer use.

6 SOH 220.

7 (Commissioners concur.)  
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SAMUEL SANCHEZ

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C E R T I F I C A T I O N

I hereby certify that the proceedings and evidence  
are contained fully and accurately in the notes taken by  
me on the above cause and that this is a correct  
transcript of the same to the best of my ability.

*Diana Freund*

Diana Freund

INMATE COPY NYS Dept. of Corrections and Community Supervision Date: 10/21/16  
FORM 9026 Parole Board Release Decision Notice

Name: SANCHEZ,SAMUEL  
DIN: 91A5961  
Nysid: 04935660N

Facility: FISHKILL  
Interview Date: 10/18/2016  
Interview Type: REAPPEAR

Earned Eligibility Certificate : INELIGIBLE  
Supervision Fee: ELIGIBLE  
Certificate of Relief from Disability: INELIGIBLE

Parole Decision:

OPEN DATE: EARLIEST RELEASE DATE: 05/31/2016

Conditions of Release/Staff Instructions/Reasons for Denial:

GIVEN YOU ALREADY HAVING RECEIVED AN OPEN DATE; YOUR DATE HAS PASSED,  
YET THE DATE WILL REMAIN OPEN PENDING YOU SECURING APPROPRIATE  
HOUSING. APPROVED RESIDENCE MUST BE SARA COMPLIANT. CONTINUE OPEN  
DATE PREVIOUS CONDITIONS APPLY.

I WILL SUBMIT TO SUBSTANCE ABUSE TESTING AS DIRECTED BY THE P.O.

I WILL PARTICIPATE IN A SUBSTANCE ABUSE TREATMENT PROGRAM AS  
DIRECTED BY THE P.O.

I WILL NOT CONSUME ALCOHOLIC BEVERAGES.

I WILL ABIDE BY A CURFEW ESTABLISHED BY THE P.O.

I WILL PARTICIPATE IN SEX OFFENDER COUNSELING/TREATMENT AS  
DIRECTED BY THE P.O.

I WILL COMPLY WITH ALL CASE SPECIFIC SEX OFFENDER CONDITIONS TO BE  
IMPOSED BY THE P.O.

I WILL COOPERATE WITH ALL MEDICAL REFERRALS AND TREATMENT  
RECOMMENDATIONS.

I WILL ABIDE BY THE MANDATORY CONDITION IMPOSED BY THE SEXUAL  
ASSAULT REFORM ACT, CHAPTER 1 OF THE LAWS OF 2000 ("SARA").

I WILL NOT USE OR POSSESS ANY MEDICATIONS OR SUPPLEMENTS DESIGNED  
OR INTENDED FOR THE PURPOSE OF ENHANCING SEXUAL PERFORMANCE OR  
TREATING ERECTILE DYSFUNCTION WITHOUT THE WRITTEN PERMISSION OF MY  
(continued)

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I N M A T E C O P Y

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INMATE COPY NYS Dept. of Corrections and Community Supervision Date: 04/20/17  
FORM 9026 Parole Board Release Decision Notice

Name: SANCHEZ,SAMUEL  
DIN: 91A5961  
Nysid: 04935660N

Facility: FISHKILL  
Interview Date: 04/18/2017  
Interview Type: REAPPEAR

Earned Eligibility Certificate : INELIGIBLE  
Supervision Fee: IN-ELIGIBLE  
Certificate of Relief from Disability: INELIGIBLE

Parole Decision:  
OPEN DATE: EARLIEST RELEASE DATE: 05/31/2016

Conditions of Release/Staff Instructions/Reasons for Denial:

THIS PANEL RECOMMENDS YOU CONTINUE TO WORK WITH FACILITY STAFF TO  
SECURE APPROPRIATE HOUSING AND OBTAIN SEX OFFENDER LEVEL FROM COURTS.

CONTINUE OPEN DATE.

CONDITIONS IMPOSED BY PRIOR PANEL ARE IN EFFECT.

I WILL SUBMIT TO SUBSTANCE ABUSE TESTING AS DIRECTED BY THE P.O.

I WILL PARTICIPATE IN A SUBSTANCE ABUSE TREATMENT PROGRAM AS  
DIRECTED BY THE P.O.

I WILL NOT CONSUME ALCOHOLIC BEVERAGES.

I WILL ABIDE BY A CURFEW ESTABLISHED BY THE P.O.

I WILL PARTICIPATE IN SEX OFFENDER COUNSELING/TREATMENT AS  
DIRECTED BY THE P.O.

I WILL COMPLY WITH ALL CASE SPECIFIC SEX OFFENDER CONDITIONS TO BE  
IMPOSED BY THE P.O.

I WILL COOPERATE WITH ALL MEDICAL REFERRALS AND TREATMENT  
RECOMMENDATIONS.

I WILL ABIDE BY THE MANDATORY CONDITION IMPOSED BY THE SEXUAL  
ASSAULT REFORM ACT, CHAPTER 1 OF THE LAWS OF 2000 ("SARA").

(continued)

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I N M A T E C O P Y

\* \* \* \* \*

NYS DEPARTMENT OF CORRECTIONS & COMMUNITY SUPERVISION

BOARD OF PAROLE

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In the matter of

SAMUEL SANCHEZ

NYSID #04935660N

DIN #91A5961

\*\*\*\*\*

INTERVIEW TYPE: OPEN DATE /6 MO AFTER REAPPEARANCE

LOCATION: COXSACKIE CORRECTIONAL FACILITY  
(Via Videoconference)  
97 Central Avenue  
Albany, New York

DATE: December 11, 2018

DECISION DATE: December 11, 2018

BEFORE: COMMISSIONER AGOSTINI  
COMMISSIONER DEMOSTHENES

ALSO PRESENT: NEIL CRYSTAL, SORC  
ELAINE WEISS, PA

AT FACILITY: NICOLE DANZY, ORC  
JACKIE LEWIS, ORC

SAMUEL SANCHEZ, Inmate

REPORTED BY: Brynn C. Reynolds, Hearing Reporter

SANCHEZ, SAMUEL DIN# 91A5961 NYSID# 04935660N

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1 BY COMMISSIONER DEMOSTHENES:

2 Q. Good morning, sir?

3 A. Good morning.

4 Q. State your name, please.

5 A. Samuel Sanchez, 91A5961.

6 Q. Thank you, Mr. Sanchez. I'm Commissioner  
7 Demosthenes, and also on the panel with me today is  
8 Commissioner Agostini.

9 COMMISSIONER AGOSTINI: Good morning, sir.

10 THE INMATE: Good morning.

11 BY COMMISSIONER DEMOSTHENES:

12 Q. Has there been any new development in your case, sir,  
13 in terms of housing?

14 A. Yes. I got medical parole already and I'm trying --  
15 they were trying to look for a place, but I cannot look  
16 myself, and my family requested me and everything, and I  
17 still can't since 3-18-16.

18 Q. Yes, I noticed. It's a very long wait. You said  
19 your family has been assisting you, trying to locate --

20 A. Yeah, I cannot do it myself because --

21 Q. It would be an assisted living facility, correct?

22 A. Yeah.

23 Q. Are they looking in the Bronx? I know there are  
24 quite a few nursing homes in the Bronx, assisted living?

25 A. Accident (ph) County, that's my family from up here.



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1 But any place I could -- I go. But I want to be next to my  
2 family if they want to be next to me and everything.

3 Q. I understand, sir. We're going to have to extend for  
4 six months. We'll see you in six months and hopefully we  
5 won't see you in six months.

6 A. Thank you.

7 Q. Have a good day, sir.

8 A. Thank you.

9 (Proceeding concluded.)

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SANCHEZ, SAMUEL

DIN# 91A5961

NYSID# 04935660N

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1 (After due deliberation by the Parole Board Panel, the  
2 following Decision was rendered:)

3 D E C I S I O N

4  
5 Continue open date with previously improved  
6 conditions.

7 Next appearance: 6/2019

8 (COMMISSIONER AGOSTINI CONCURS.)

9 (Hearing concluded.)  
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SANCHEZ, SAMUEL

DIN# 91A5961

NYSID# 04935660N

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C E R T I F I C A T I O N

I, Brynn C. Reynolds, do hereby  
certify that I attended the foregoing proceedings  
in the matter of SAMUEL SANCHEZ and took  
stenographic notes of the same, and that the  
foregoing is a true and correct transcription of  
same and the whole thereof.

Dated: December 26, 2018

Brynn C. Reynolds

Brynn C. Reynolds

Court Reporter

INMATE COPY NYS Dept. of Corrections and Community Supervision Date: 12/12/18  
FORM 9026 Parole Board Release Decision Notice

Name: SANCHEZ, SAMUEL  
DIN: 91A5961  
Nysid: 04935660N

Facility: COXSACKIE  
Interview Date: 12/11/2018  
Interview Type: REAPPEAR

Earned Eligibility Certificate : INELIGIBLE  
Supervision Fee: ELIGIBLE  
Certificate of Relief from Disability: INELIGIBLE

Parole Decision:

OPEN DATE: EARLIEST RELEASE DATE: 05/31/2016

Conditions of Release/Staff Instructions/Reasons for Denial:

CONTINUE OPEN DATE WITH PREVIOUSLY IMPOSED CONDITIONS:

CONDITIONS OF RELEASE:

I WILL SUBMIT TO SUBSTANCE ABUSE TESTING AS DIRECTED BY THE P.O.

I WILL PARTICIPATE IN A SUBSTANCE ABUSE TREATMENT PROGRAM AS  
DIRECTED BY THE P.O.

I WILL NOT CONSUME ALCOHOLIC BEVERAGES.

I WILL ABIDE BY A CURFEW ESTABLISHED BY THE P.O.

I WILL PARTICIPATE IN SEX OFFENDER COUNSELING/TREATMENT AS  
DIRECTED BY THE P.O.

I WILL COMPLY WITH ALL CASE SPECIFIC SEX OFFENDER CONDITIONS TO BE  
IMPOSED BY THE P.O.

I WILL COOPERATE WITH ALL MEDICAL REFERRALS AND TREATMENT  
RECOMMENDATIONS.

I WILL ABIDE BY THE MANDATORY CONDITION IMPOSED BY THE SEXUAL  
ASSAULT REFORM ACT ("SARA").

I WILL NOT USE OR POSSESS ANY MEDICATIONS OR SUPPLEMENTS DESIGNED  
OR INTENDED FOR THE PURPOSE OF ENHANCING SEXUAL PERFORMANCE OR  
TREATING ERECTILE DYSFUNCTION WITHOUT THE WRITTEN PERMISSION OF MY  
PAROLE OFFICER AND THE APPROVAL OF HIS OR HER AREA SUPERVISOR.

I WILL PARTICIPATE IN THE DEPARTMENT OF CORRECTIONS AND COMMUNITY  
(continued)

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I N M A T E C O P Y

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